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0031817      7590      07/07/2006  
**SCHWABE, WILLIAMSON & WYATT**  
PACWEST CENTER, SUITE 1900  
1211 S.W. FIFTH AVE.  
PORTLAND, OR 97204  
08/25/2006 ZJUHARZ 00000123 10749287

01 FC:1501      1400.00 OP  
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|                           |                    |
|---------------------------|--------------------|
| <b>Heather J. Adamson</b> | (Depositor's name) |
| <i>[Signature]</i>        | (Signature)        |
| <b>08/22/2006</b>         | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/749,287      | 12/30/2003  | Richard K. Hose JR.  | 110350-135040       | 9836             |

TITLE OF INVENTION: PROGRAMMABLE CONTROL OF LEAKAGE CURRENT

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700           | 10/10/2006 |

| EXAMINER     | ART UNIT | CLASS-SUBCLASS |
|--------------|----------|----------------|
| PHUNG, ANH K | 2824     | 365-189090     |

|  |  |
|--|--|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).   | 2. For printing on the patent front page, list<br><input checked="" type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br><input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  | <u>1 SCHWABE, WILLIAMSON</u>   |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | <u>2 &amp; WYATT, P.C.</u>   |
|  | <u>3</u>   |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Intel Corporation**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Santa Clara, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500393 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature K. J. Adamson

Date 08/22/2006

Typed or printed name Aloysius T.C. AuYeung

Registration No. 35432

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## **TRANSMITTAL FORM**

*(to be used for all correspondence after initial filing)*

|  |  |   |
|--|--|---|
| <b>TRANSMITTAL<br/>FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |  | Application Number<br>10/749,287            |
|  |  | Filing Date<br>12/30/2003                   |
|  |  | First Named Inventor<br>Richard K. Hose Jr. |
|  |  | Art Unit<br>2824                            |
|  |  | Examiner Name<br>Phung, Anh K.              |
| Total Number of Pages in This Submission<br>3  |  | Attorney Docket Number<br>110350-135040     |

**ENCLOSURES**      *(Check all that apply)*

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):<br><br><input type="checkbox"/> Return Receipt Postcard |
| <b>Remarks</b>   |  |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |       |
|--------------|---|----------|-------|
| Firm Name    | SCHWABE, WILLIAMSON & WYATT, P.C.   |          |       |
| Signature    |  |          |       |
| Printed name | Aloysius T.C. AuYeung   |          |       |
| Date         | 08/22/2006  | Reg. No. | 35432 |

**CERTIFICATE OF TRANSMISSION/MAILING**

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**Signature**

→ Typed or printed name

Heather L. Adamson

Date 08/22/2006

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